POSITION	INITIALS	ID NO.	DATE
			09-04-01
FEE DETERMINATION	BM	48	9/10/
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HL	1074	10/09/0
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
– (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
0 .... Objected

BEST AVAILABLE COPY

Claim		Date						
Final	Original							
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	2	✔						
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If more than 150 claims or 10 actions
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